U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 15065		2. Fiscal Year Covered From:	2. Fiscal Year Covered From:		
<u> </u>		1 / 1 / 200	04 Through: 12 / 31 / 2004		
Name and address of person filing.		4. Name, file number, and address	ss of labor organization.		
Name Charlie	Mulcahy	Name Sheet Metal Wor	rkers Local No. 66		
		Labor Organization File Number	Labor Organization File Number 32/660		
P.O. Box, Bldg., Room No., if any		P.O. Box, Building and Room	Number, if any		
Street 24219 15th PL SE		Street 13513 NE 126th	Street 13513 NE 126th PL		
City Bothell		City Kirkland			
State Washington	ZIP Code + 4 98021	State Washington	ZIP Code + 4 98034		
5. Position in labor organization.	usiness Manager				
· · · · · · · · · · · · · · · · · · ·	(except as specified in the	spouse or minor child directly or indire exclusions set forth in the instructions): o, or derived income or other economization represents or is actively see			
A. Held an interest in, engaged in monetary value from an employ	(except as specified in the n transactions (including loans) with er whose employees your organ	exclusions set forth in the instructions): o, or derived income or other econonization represents or is actively see	nic benefit of eking to represent.		
A. Held an interest in, engaged in monetary value from an employ	(except as specified in the n transactions (including loans) with er whose employees your organ	exclusions set forth in the instructions):	nic benefit of eking to represent.		
A. Held an interest in, engaged in monetary value from an employ 6. Name and address of Employer (in Name	(except as specified in the n transactions (including loans) with er whose employees your organ	exclusions set forth in the instructions): o, or derived income or other econonization represents or is actively see	nic benefit of eking to represent.		
A. Held an interest in, engaged in monetary value from an employ 6. Name and address of Employer (in Name Trade Name, if any:	(except as specified in the n transactions (including loans) with the whose employees your organ including trade name, if any).	exclusions set forth in the instructions): o, or derived income or other econonization represents or is actively see	nic benefit of eking to represent.		
A. Held an interest in, engaged in monetary value from an employ 6. Name and address of Employer (in Name Trade Name, if any:	(except as specified in the n transactions (including loans) with the whose employees your organ including trade name, if any).	exclusions set forth in the instructions): o, or derived income or other econonization represents or is actively see	nic benefit of eking to represent.		
A. Held an interest in, engaged in monetary value from an employ 3. Name and address of Employer (in the content of the conte	(except as specified in the n transactions (including loans) with the whose employees your organ including trade name, if any).	exclusions set forth in the instructions): I, or derived income or other economization represents or is actively see 7.a. Nature of Interest, Transaction	nic benefit of eking to represent.		
A. Held an interest in, engaged in monetary value from an employ 6. Name and address of Employer (in Name Trade Name, if any: P.O. Box, Bldg., Room No., if any	(except as specified in the n transactions (including loans) with the whose employees your organ including trade name, if any).	exclusions set forth in the instructions): I, or derived income or other economization represents or is actively see 7.a. Nature of Interest, Transaction	nic benefit of eking to represent.		
A. Held an interest in, engaged in monetary value from an employ 6. Name and address of Employer (in Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street	(except as specified in the n transactions (including loans) with the whose employees your organ including trade name, if any).	exclusions set forth in the instructions): I, or derived income or other economization represents or is actively see 7.a. Nature of Interest, Transaction	nic benefit of eking to represent.		
A. Held an interest in, engaged in nonetary value from an employ is. Name and address of Employer (in Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City	(except as specified in the n transactions (including loans) with the remaining trade employees your organ including trade name, if any).	exclusions set forth in the instructions): I, or derived income or other economization represents or is actively see 7.a. Nature of Interest, Transaction	nic benefit of eking to represent.		
A. Held an interest in, engaged in monetary value from an employ 5. Name and address of Employer (in Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State 15. Signature and verification. To submitted in this report (including the name of the submitted in this report (including the name of the name o	(except as specified in the intransactions (including loans) with the whose employees your organ including trade name, if any). ZIP Code + 4 The undersigned declares, under penalthe information contained in any accomp	exclusions set forth in the instructions): , or derived income or other economization represents or is actively see 7.a. Nature of interest, Transaction 7.b. Amount. Signature by of Perjury and other applicable penalt	nic benefit of eking to represent. on, or Income. ies of the law, that all of the information and by the signatory and is, to the best of the		
A. Held an interest in, engaged in monetary value from an employ 6. Name and address of Employer (in the Name to	(except as specified in the intransactions (including loans) with the whose employees your organ including trade name, if any). ZIP Code + 4 The undersigned declares, under penalthe information contained in any accomp	exclusions set forth in the instructions): , or derived income or other economization represents or is actively see 7.a. Nature of interest, Transaction 7.b. Amount. Signature by of Perjury and other applicable penalty panying documents), has been examine e section on penalties in the instructions	nic benefit of eking to represent. on, or Income. ies of the law, that all of the information and by the signatory and is, to the best of the		

Name of Person Filing Charlie Mulcahy	File Number U-			
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.				
Name and address of Business (including trade name, if any).	9. Business deals with:			
Name Northwest Sheet Metal Workers Trust				
Trade Name, if any:	a. Labor Organization b. Trust			
P.O. Box, Bldg., Room No., if any PO Box 5433				
Street 1322 N Post	c. Employer			
City Spokane				
State Washington ZIP Code + 4 99201				
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.			
Name	The Trust Fund(s)is(are) Taft-Hart Trust Funds that provide fringe be			
Trade Name, if any:	employees represented by the Union employees. The Union is one of the	n and to Union		
P.O. Box, Bldg., Room No., if any	Fund(s) and makes contributions to	the Fund(s).		
Street	11.b. Approximate dollar value of such dealing.	\$950,000		
City	12.a. Nature of interest held or income received.			
State ZIP Code + 4	2/5/04 Board Meeting Lunch \$3 2/6/05 Board Meeting Lunch \$30 5/19/05 Lodging/Board Meeting \$294			
	12.b. Amount.	\$354		
C. Received from any employer (other than an employer covered under	er parts A and B above)			
or from any labor relations consultant to an employer any payment of money				
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment, 7/21/04 Business Meeting Meal \$68			
Name Proxy Vote Plus	7/21/04 Business Meeting Mear \$66			
Trade Name, if any:				
P.O. Box, Bldg., Room No., if any				
Street Two Northfield Plaza				
City Northfield				
State Illinois ZIP Code + 4 60093				
13.b. Is the Business an Employer [] or Consultant [X] ?	14.b. Amount of payment.	\$68		

Name of Person Filing Charlie Mulcahy	File Number U-

2 11 11 11 11 11 11 11 11 11 11 11 11 11		9. Business deals with:	
Name and address of Business (including trade name, if any).		3. Dushiess deals with.	
Name SMW Local Unions & Councils Pension Fund		a. Labor Organization	
Trade Name, if any:			
		b. Trust	
P.O. Box, Bldg., Room No., if any			
Street 601 N Fairfax Stree Su	ite 500	c. Employer	
City Alexandria			
State Virginia	ZIP Code + 4 22314		
10. If 9.b. or 9.c. is checked give trust or emp	ployer's name.	11.a. Nature of such dealing.	
Name		The Trust Fund(s) is(are)Taft-Hart that provides fringe benefit cover	
Total Name of any f		represented by the Union employees	. The Union is
Trade Name, if any:		one of the settlors of the Fund(s) contributions to the Fund(s) on be	
P.O. Box, Bldg., Room No., if any		employees.	
Street			
City			
State	ZIP Code + 4	11.b. Approximate dollar value of such dealing.	\$212,000
		12.a. Nature of interest held or income received.	
		6/21-6/22/04 LU&C Pension meeting	
		11/18-11/19/04 LU&C Pension meeting 11/19/04 Golf Fees	g meals \$246 \$100
	;		
		12,b. Amount.	\$681

Name of Person Filing Charlie Mulcahy	File Number U-
·	

8. Name and address of Business (including trade name, if any).	9. Business deals with:	
Name Western Washington Sheet Metal JATC	a. Labor Organization	
Trade Name, if any:	a. Labor Organization	
P.O. Box, Bldg., Room No., if any	b. Trust	
Street 13513 NE 126th Place	c. Employer	
0.1	C1	
· KIIKIGIG		
State Washington ZIP Code + 4 98034		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name	The Trust Fund is a Taft-Hartley M that provides apprenticeship and o	ther training to
Trade Name, if any:	employees represented by the Union one of the settlors of the Fund an	
D.O. Day Blde, Doom No. if any	contibutions to the Fund on behalf	
P.O. Box, Bldg., Room No., if any	employees.	
Street		
City		
State T. T. D. Code at A [T.		
State ZIP Code + 4	11.b. Approximate dollar value of such dealing.	\$50,000
	12.a. Nature of interest held or income received.	
	3/25/2004 Lodging for apprentice c 7/09/2004 Lodging for JATC Trustee	
	12.b. Amount.	\$609

Name of Person Filing	Charlie Mulcahy	File Number U-	

8. Name and address of Business (including trade name, if any	ny). 9. Business deals with:	
Name NW Sheet Metal Trust	a. Labor Organization	
Trade Name, if any:	b. Trust	
P.O. Box, Bldg., Room No., if any Suite 110	11	
Street 118 North Lewis Street	c. Employer	
City Monroe		
State Washington ZIP Code + 4 9827	72	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name	The Trust is a Taft-Hartley Multi-employer Trund that provides fringe coverage to employ represented by the Union and to Union employ	yees
Trade Name, if any:	The Union is one of the settlors of the Fund makes contibutions to the fund on behalf of	d and
P.O. Box, Bldg., Room No., if any	employees.	ııs
Street		
City		
State ZIP Code + 4	11.b. Approximate dollar value of such dealing.	\$62,000
	12.a. Nature of interest held or income received.	
	7/29/2004 Lodging for Trustee Board Meeting 7/30/2004 Golf Green Fees	\$213 \$ 39
	12.b, Amount.	\$252

Name of Person Filing Charlie Mulcahy File Number

8. Name and address of Business (including trade name, if any).	9. Business deals with:	
Name Allied Metal Crafts	a. Labor Organization	
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any PO Box 34203	b. Trust	
Street 2815 2nd Ave #300	c. Employer	
City Seattle		
State Washington ZIP Code + 4 98121		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name	The Trust is a Taft-Hartley Multi-employer Trust Fund that provides fringe benefit coverage to	
Trade Name, if any:	employees represented by the the Union.	
P.O. Box, Bldg., Room No., if any		
Street		
City		
State ZIP Code + 4	11.b. Approximate dollar value of such dealing.	
	12.a. Nature of interest held or income received.	
	05/10/2004 Trust meeting meal \$28.00	
	12.b. Amount.	